

STATEMENT OF ECONOMIC INTERESTS

Date Received  
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COVER PAGE  
2011 MAR 18 AM 10:45

2011 MAR 15 PM 2:32

CITY CLERK DEPARTMENT  
CITY OF THOUSAND OAKS

Please type or print in ink.

NAME OF FILER (LAST) (FIRST)  
Gillette Dennis

1. Office, Agency, or Court

Agency Name

City of Thousand Oaks

Division, Board, Department, District, if applicable

Your Position

City Council

Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: SEE ATTACHED

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☒ County of Ventura

☒ City of Thousand Oaks

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_

Office sought, if different than Part 1: \_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☒ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed MAR 15 2011  
(month, day, year)

Signature



# **M E M O R A N D U M**

*City of Thousand Oaks • Thousand Oaks, California  
City Clerk Department*

## **Annual Statement of Economic Interests Expanded Filing 2011**

**Annual 1/1/2010 – 12/31/2010**

### **Dennis Gillette**

**Agency:** City Council  
**Position Title:** Councilmember  
**Jurisdiction:** City of Thousand Oaks

**Agency:** Point Mugu Regional Airport Authority  
**Position Title:** Boardmember  
**Jurisdiction:** Ventura County

**Agency:** Ventura Regional Sanitation District  
**Position Title:** Director  
**Jurisdiction:** Ventura County

**Agency:** Ventura County Regional Energy Alliance  
**Position Title:** Committee Member  
**Jurisdiction:** Ventura County

**Agency:** Ventura County Transportation Commission  
**Position Title:** Commissioner  
**Jurisdiction:** Ventura County



**SCHEDULE A-1****Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name

Dennis Gillette

<p>► NAME OF BUSINESS ENTITY <u>Amgen</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Biotechnology</u></p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000    <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000    <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock    <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership    <input type="radio"/> Income Received of \$0 - \$499                           <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/10    ____/____/10 ACQUIRED    DISPOSED</p>	<p>► NAME OF BUSINESS ENTITY <u>California Oaks State Bank</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Banking</u></p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000    <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000    <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock    <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership    <input type="radio"/> Income Received of \$0 - \$499                           <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/10    ____/____/10 ACQUIRED    DISPOSED</p>
<p>► NAME OF BUSINESS ENTITY _____</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000    <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000    <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock    <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership    <input type="radio"/> Income Received of \$0 - \$499                           <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/10    ____/____/10 ACQUIRED    DISPOSED</p>	<p>► NAME OF BUSINESS ENTITY _____</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000    <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000    <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock    <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership    <input type="radio"/> Income Received of \$0 - \$499                           <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: ____/____/10    ____/____/10 ACQUIRED    DISPOSED</p>
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Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  Dennis Gillette

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

▶ NAME OF SOURCE National League of Cities (NLC)	
ADDRESS (Business Address Acceptable) 1301 Pennsylvania Avenue NW, Suite 550	
CITY AND STATE Washington D.C. 20004	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
Association of City Officials	
DATE(S): 5 / 28 / 10 - ____ / ____ / ____ AMT: \$ 35.00 (if applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: Lunch Meeting - Public Safety & Crime Prevention (PSCP) Steering Committee	

▶ NAME OF SOURCE Taser International	
ADDRESS (Business Address Acceptable) 1100 Wilson Boulevard, Suite 1210	
CITY AND STATE Arlington, VA 22209	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
Electronic Control Devices	
DATE(S): 12 / 1 / 10 - ____ / ____ / ____ AMT: \$ 53.00 (if applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: Hosted dinner - NLC Congress of Cities & Expo	

▶ NAME OF SOURCE City of Los Angeles/Cerrell Associates	
ADDRESS (Business Address Acceptable) 320 N. Larchmont Boulevard	
CITY AND STATE Los Angeles CA 90004	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
Public Relations	
DATE(S): 12 / 2 / 10 - ____ / ____ / ____ AMT: \$ 59.00 (if applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: Hosted Dinner - NLC Congress of Cities & Expo	

▶ NAME OF SOURCE National League of Cities	
ADDRESS (Business Address Acceptable) 1301 Pennsylvania Avenue NW, Suite 550	
CITY AND STATE Washington D.C. 20004	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
Association of City Officials	
DATE(S): 3 / 16 / 10 - ____ / ____ / ____ AMT: \$ 56.00 (if applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: Lunch Meeting - Public Safety & Crime Prevention Steering Committee	

Comments: \_\_\_\_\_